City of Tempe P. O. Box 5002 Tempe, AZ 85280 www.tempe.gov



June 8, 2006

To: Significant Industrial User

Subject: Semiannual Report

Pursuant to 40 CFR 403.12(e), Tempe City Code §27-54, and Part 3 of your wastewater discharge permit, the 2006 Semiannual Significant Industrial User (SIU) Report is required to be completed and returned to the City of Tempe by **July 14, 2006**.

Attached to this e-mail notice are the Total Toxic Verification Form and the Total Toxic Organic Inventory Forms. The forms are also available on the City of Tempe internet site at: http://www.tempe.gov/env/pretreat.htm. If you need to access additional forms from the internet site, click on Semiannual TTO Certification and print the appropriate signature pages.

Prior to completing the required forms, please review your 2005 Annual Report. If no major modification to your process has been made which needs to be reported, please complete and return the signature pages on or before **July 14, 2006**.

When completed, mail or fax forms to the Environmental Division to the attention of your assigned investigator. The address is:

City of Tempe Water Utilities Department Environmental Division P.O. Box 5002 Tempe, AZ 85280

The fax number is: 480-350-2615

Again, this report is to be completed and due in the Environmental Division office by close of business on July 14, 2006.

If you have any questions or require assistance, please contact me at (480) 350-2674, weekdays between the hours of 7:00 a.m. and 3:30 p.m.

Sincerely,

Michael Golden

Senior Environmental Investigator

MG/ds



SIGNIFICANT INDUSTRIAL USER TTO CERITIFICATION INSTRUCTIONS

CITY OF TEMPE ENVIRONMENTAL DIVISION P.O. BOX 5002 TEMPE, ARIZONA 85280 (480) 350-2678

E-mail: pretreatment@tempe.gov

Instructions for Completing TTO Certification

The City of Tempe requires all Significant Industrial Users (SIUs) to submit a semiannual certification for all compounds/pollutants listed in Appendix A. Two versions are available for completing this certification. A PDF version can be completed and then printed. The "save as" function will not be available unless you are using an "add-on" offered by Adobe or using Adobe Pro. Complete and print each sheet prior to closing the form. The second version is a Microsoft Word Forms version. You will be able to utilize the "save as" feature to complete these forms. This certification must be received or postmarked no later than July 14th. No extensions will be granted.

- A. The Total Toxic Organic (TTO) Verification form must be completed with the name of the facility, service address, contact person, contact title, contact phone.
- B. Review Appendix A. If your facility does not store or use any of the compounds listed in Appendix A then you should check the box A, indicating no compounds are used or stored at your facility.
- C. If your facility does use and/or store <u>any</u> of the compounds listed in Appendix A, you must decide to check either box B or C. If you select box B please note that the City of Tempe does not, at this time, charge our industry for routine compliance monitoring. The City will sample your local limit outfall for organics regardless of your decision. You can elect to check box C and submit a Solvent Management Plan in lieu of sampling yourself. The City highly recommends that a Solvent Management Plan be established and/or maintained as a means of controlling and properly maintaining all compounds listed in Appendix A.
- D. Submit one TTO Inventory form for each compound/product you use or store at your facility containing a toxic organic compound listed on Appendix A. Complete all sections that apply to the use/handling/disposal of each compound. Print additional copies of the TTO Inventory Form as needed or, if using the Word version, use the "save as" feature in order to retain electronic copies of the form for each compound/product used.

E. Certification

Certification must be completed entirely and then signed by:

1. A responsible corporate officer, if the user is a corporation. A corporate officer shall be a president, secretary, treasurer, or vice-president of the corporation in charge of a principal

business function, or any other person who performs similar policy- or decision-making functions for the corporation, or the manager of one or more manufacturing, production or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

- 2. A general partner or proprietor if the Industrial User submitting the report is a partnership or sole proprietorship.
- 3. A duly authorized representative of the individual if:
 - a. the authorization is made in writing by the individual described in #1 or #2 above;
 - b. the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of plant manager or equivalent position having overall responsibility for environmental matters for the company, and that
 - c. the written authorization is submitted to the City of Tempe Environmental Division.

If an authorization under paragraph 1, 2, or 3 is no longer accurate, a new authorization satisfying the above must be submitted to the City prior to or together with any signed certifications/reports.

F. After printing the completed certification, please mail, fax or deliver to:

By Mail
(Certified Mail is Recommended):

City of Tempe
Water Utilities Dept.
Environmental Division
Environmental Division
Environmental Division
P.O. Box 5002
Tempe, Arizona 85280

Hand Delivery:
Facsimile:

Facsimile:

480-350-2615

Environmental Division
6600 South Price Rd.
Tempe, Arizona 85283

Tempe, Arizona 85283

This certification must be received or postmarked no later than July 14th. No extensions will be granted.

CITY OF TEMPE ENVIRONMENTAL DIVISION

Total Toxic Organic Verification Form

Name of Facilit	y:			
Address of Fac	ility:			
Contact Persor	n:			
Contact Title:				
Contact Phone:				
Please check the appropriate box below:				
A.	No toxic organic compounds as listed in Appendix A are used or stored at this facility.			
В.	I elect to have this facility monitored for Total Toxic Organics (TTO's) I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be done on an annual basis.			
C.	This facility elects to submit a Solvent Management Plan in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report.			

CITY OF TEMPE ENVIRONMENTAL DIVISION

Total Toxic Organic Inventory Form

Please submit one form for each product you use or store at your facility containing a toxic organic compound from Appendix A.

1.	Name of Product:			
2.	Appendix A Constituent(s):			
3.	Indicate Your Usage for Product:			
	biocide degreasing metal etch	Catalyst Flux metal prep	coolant fuel paint stripping	
4.	Indicate Procedure(s) for Spent Solvents			
	chemical extraction Still Other (describe)	physical extraction used as fuel	solvent recycled on-site	
	Solvent shipped off-site (check appropriate box and indicate name) Recycling company: Waste disposal company: Solvent Lost or Destroyed (check appropriate box)			
	Destroyed in usage Oxidized to non-toxic	•	Incinerated	

5. Describe Procedures for Assuring Toxic Organics Do Not Enter Sewer Systems:

Evidence for Parts 4 and 5 will be verified during the inspection of your facility.

CITY OF TEMPE ENVIRONMENTAL DIVISION

Total Toxic Organic Certification

Name of Facility:				
Address of Facility:				
Contact Person:				
Contact Title:				
Contact Phone:				
Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last Periodic Compliance Report (Semiannual Report). I further certify that by checking option C on the TTO Verification Form, this facility is implementing the Solvent Management Plan as described in our Plan.				
	Date			
	Signature of Responsible Company Official			
	Name of Above Official			
	Title of Above Official			
Please submit this report to:	City of Tempe Water Utilities Department Environmental Division P.O. Box 5002 Tempe, AZ 85280			